

AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 3:

Eligibility & Enrollment Status



Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or create a new account. For questions, please contact our Customer Support Center at **(602) 417-4451**.

Enter your User Name

Password

Click on Login

Sign In

User Name:

Password:

Forgot your Password? [Click Here](#)

Note

- User Names and Passwords are case-sensitive.

FAQ :: LogOut ::

Main Menu

Eligibility and Enrollment Status

Provider Information

Claim Status

Electronic Remittance Advice

Prior Authorization Inquiry

Newborn Notification

Claim Submission

Account Information

User Name: anonymous

User ID: 0000015

For security purposes, your session will be logged out after 15 minutes.

Claim Status allows providers to check the status of **Fee-For-Service** claims. If the recipient is enrolled in a capitated Health Plan, please contact the Health Plan for claim inquiries. For a listing of the Health Plans, please click on [Health Plan Listing](#).

Claim Submission allows providers to submit **Fee-For-Service** claims to AHCCCS for nightly processing. Professional, Institutional and Dental claims will be accepted.

Prior Authorization Inquiry will allow providers to verify the status of previously submitted Prior Authorization requests.

Eligibility and Enrollment Status allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers also can obtain Medicare and other third party coverage information for a recipient.

Newborn Notification allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available.

Provider Information allows providers to update their personal information. Providers may also view their past

The Main Menu will come up.

[Click on Eligibility & Enrollment Status.](#)

Page 12

The Recipient Search box will appear

Recipient Search

You must first identify a Recipient in order to inquire on eligibility or newborn information.

At this point enter the Recipient AHCCCS ID.

Click on the Eligibility button

SEARCH BY: * AHCCCS ID

AHCCCS ID: *

Eligibility Newborn Batch Clear

This site displays confidential information from the AHCCCS Administration. This information is intended solely for the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of

Note:

You can also search by SSN

or

Recipient Name, Date of Birth
& Gender

Click on the down arrow key

SEARCH BY: * AHCCCS ID

AHCCCS ID: * AHCCCS ID
SSN
Name, DOB & Gender

Eligibility Clear

Click on the search criteria that you would like to use

SEARCH BY: * SSN

SSN: *

Eligibility Newborn Batch Clear

When searching by SSN, enter the SSN

Eligibility Button

Note: Once you find the recipient make sure you use their AHCCCS ID when billing.

SEARCH BY: * Name, DOB & Gender

LAST NAME: *

FIRST NAME: *

MIDDLE INITIAL:

DATE OF BIRTH: *

GENDER: *

Eligibility Newborn Batch Clear

If searching by Name, enter the following information:

Last Name

First Name

Middle Initial

Date of Birth

Gender

and then click the Eligibility Button

Eligibility/Enrollment Request

*AHCCCS ID

NAME

In this screen enter the following information:

Note: the dates of service must be entered using the following format (MM/DD/YYYY)

PROVIDER ID:*

000000

BEGIN DATE OF SERVICE:*

07/18/2005

END DATE OF SERVICE:

07/20/2005

AS OF DATE:

06/26/2006

Submit

Clear

Provider ID

Begin Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)
(Optional)

Today's Date (MM/DD/YYYY)
(Optional)

(Begin and End dates are the service dates).

Click on the Submit Button.

Eligibility/Enrollment Response

[Recipient Search](#) | [Search](#) | [Help](#)

[Eligibility/Enrollment](#) | [Benefits](#)

The Eligibility / Enrollment Response Screen will come up.

Service Provider	
Provider ID: 000000	Type:
Name:	

Recipient	
*AHCCCS ID: A123456789	Address 1: 2
Name: John Doe	Address 2:
Date of Birth: 7/1/1776	City: T.....
Gender: Male	State: AZ
	Zip Code: 85710
	County: PIMA

Eligibility			
Eligibility Key Code/Description	Begin Date	End Date	Added On
220/A SD CASH	07/18/2005	07/20/2005	09/30/2004

Medical Enrollment				
Health Plan	Contract Type	Period Start	Period End	Rate Code/Description
INDIAN HEALTH SERVICES	ACU/FFS	03/10/2005		2220/SSI DISABLED WITH QMB

Behavioral Health Enrollment	
** No Behavioral Health Enrollment for Date Range 07/18/2005 - 06/28/2006 **	

Medicare Part D Enrollment	
** No Medicare Part D Enrollment for Date Range 07/18/2005 - 07/20/2005 **	

Co-Payment				
Description		Amount	Period Start	Period End
GENERIC RX	- NO CO-PAY	\$0.00	08/20/2005	
BRAND NAME RX	- NO CO-PAY	\$0.00	08/20/2005	
NON EMER USE OF ER	- NO CO-PAY	\$0.00	08/20/2005	
OFFICE VISIT	- NO CO-PAY	\$0.00	08/20/2005	
GENERIC RX	- NO CO-PAY	\$0.00	08/20/2005	

The date span you enter will appear here

Eligibility

These are the eligibility dates

Enrollment

This is the health plan where the member is enrolled

If member is enrolled in a T/RBHA it will show here

This is a re-cap of what was discussed above

Eligibility			
Eligibility Key Code/Description	Begin Date	End Date	Added On
220/A SD CASH	07/18/2005	07/20/2005	09/30/2004

If the Dates of Service you entered are within the Eligibility range they will show up on the Eligibility field.

In this example the Dates of Service fall within the Member Eligibility range.

In this example the Recipient is enrolled with IHS as of date 3/10/05.

Medical Enrollment				
Health Plan	Contract Type	Period Start	Period End	Rate Code/Description
INDIAN HEALTH SERVICES	ACU/FFS	03/10/2005		2220/SSI DISABLED WITH QMB



Eligibility	
** Inactive **	

Medical Enrollment	
** Inactive **	

Note:

If the Dates of Service fall outside of the Eligibility range, the Eligibility and Enrollment fields will show as Inactive.

(This means that the member is not eligible).

Eligibility/Enrollment Response

[Recipient Search](#) | [Search](#) |

[Eligibility/Enrollment](#) | [Benefits](#)

The next step is
to check for
Medicare and
TPL (Other
Insurance)

Click on
[Benefits](#).

Service Provider

Provider ID: 000000

Type:

Name:

Recipient

*AHCCCS ID:

Address 1:

Name:

Address 2:

Date of Birth:

City:

Gender:

State:

Zip Code:

County:

Eligibility

Eligibility Key Code/Description	Begin Date	End Date	Added On
220/A SD CASH	07/18/2005	07/20/2005	09/30/2004

Medical Enrollment

Health Plan	Contract Type	Period Start	Period End	Rate Code/Description
INDIAN HEALTH SERVICES	ACU/FFS	03/10/2005		2220/SSI DISABLED WITH QMB



Arizona Health Care Cost Containment System



Benefits

[Recipient Search](#) | [Search](#) | [H](#)

[Eligibility/Enrollment](#) | [Benefits](#) |

Service Provider

Provider ID: 000000

Type:

Name:

Recipient

*AHCCCS ID:

Name:

Date of Birth:

Gender:

Address 1:

Address 2:

City:

State:

Zip Code:

County:

Medicare HMO

** Inactive for Date Range 07/18/2005 - 07/20/2005 **

Medicare

Claim Number	Medicare Type	Start Date	End Date
	A	07/01/1998	
	B	07/01/1998	

Third Party Liability

** No Third Party Liability Coverage for Date Range 07/18/2005 - 07/20/2005 **

This verification does not constitute a guarantee of payment

The Benefit screen will come up. This is where you will check to see if the Recipient has other TPL, (other Insurance)

Medicare
In this example
The Recipient has
Medicare coverage.

See here for Other
TPL.